

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-835)							SERIAL NO. 10625850	FILING DATE
							APPLICANT	
							RECLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1		3			
TOTAL DEP.			0		6			
TOTAL CLAIMS			7		9			

PTO 1340 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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